

Harry Samuel
~~18CU12~~

11/24/04

19CU3

My name is Ms. McFadden, and I will be your counselor for as long as you remain housed in Building 18 or Building 19 CD Tiers. I know you are here, and I will be around to see you as soon as I can. When I come to see you, I will bring you a copy of the housing rules for the SHU. I cannot send the housing rules in the mail because they are too thick. Please sign all 3 of the enclosed forms and send them back to me (TV responsibility form, housing rules form and Treatment Plan). These forms need to be signed before a TV can be issued to you. I am including an "orientation package" and I would like for you to read it because it explains how things work back here in the SHU. If you have a new Quality of Life Level, I have indicated it on your treatment plan. If not, I put a temporary level on the plan so that you can get started. Eventually the Quality of Life Committee will give you an official level. I will also bring you your assignments when I come to see you. You will get all of the program assignments at one time for whatever level you are on, so you will have plenty of time to get them done. I will present your case for review approximately every 90 days.

FYI –

- Level 1's do not get a TV, you must achieve Level 2 before being issued a TV
- If you wish to purchase a radio, you have to fill out a commissary slip and send it to Capt Sagers for his approval.

I appreciate your patience, and I will be down to see you as soon as I can. Drop me a note if you have any questions.

Don't forget to sign the enclosed forms and mail them back to me, so I can submit your name and cell for a TV. The "orientation package" is yours to keep.

Thank you,
Counselor McFadden

Counselor assignments for SHU

Building 17 – Mr. Simms

Building 18 – Ms. McFadden

Building 19 A&B Tiers – Mr. Simms

Building 19 C&D Tiers – Ms. McFadden

Please correspond with your assigned counselor

DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate MORRIS, Samuel, SBI# 2012106, Housing Unit SHU
 VIA: Counselor Zende
 FROM: I.B.C.C.
 DATE: 5/12/05
 RE: Classification Results

Your M.D.T. has recommended you for the following: MORRIS, TFC, MVI

The I.B.C.C.'s decision is to:

☒ Approve _____
☐ Not Approve _____
☐ Defer _____
☐ Recommend _____
☐ Not Recommend _____

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input checked="" type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input checked="" type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☒ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: ~~2012106~~ 04/06 Review

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

Exhibit - 24

DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Henry Tansel, SBI# 201360, Housing Unit 5
 VIA: Counselor KIGMER
 FROM: I.B.C.C.
 DATE: 1/3/06
 RE: Classification Results

Your M.D.T. has recommended you for the following: Cont med. Ker.
Perman

The I.B.C.C.'s decision is to:

☐ Approve
☒ Not Approve
☐ Defer
☐ Recommend
☐ Not Recommend

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Rev 410.7
Must become program Active

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456
 Revised 11/97

Exhibit - 28

Appendix E

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Harry Samuel, SBI# 201360, Housing Unit 2
 VIA: Counselor Kramer
 FROM: I.B.C.C.
 DATE: 1/31/06
 RE: Classification Results

Your M.D.T. has recommended you for the following: Lopas
Tierman
40 days Probation

The I.B.C.C.'s decision is to:

☒ Approve Tierman MHU
☐ Not Approve
☐ Defer
☐ Recommend
☐ Not Recommend

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation:

OTHER: Deny 4/06

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following:

Copy to: Classification
 Inmate
 Institution File

Form #456
 Revised 11/97

Exhibit - 29

March 5, 06

Samuel Harry
011-1

To: Pardon's Board

my name is C/O Kimberly Mason and I currently work in Mx 23. I have been with the State of Delaware since 1989. Before I started with the Department of Corrections I worked for Stockton Cr. Division of Mental Retardation. I then came to the Department in 2000. Since I started working in Mx #23 I noticed inmate Samuel Harry SBI 10210300

has not received any disciplinary's and has never refused any orders and has never caused any problems to any other staff members or myself that work in the building. I recommend

Such inmate to be pardoned. Mr. Samuel is a inmate that keeps to himself and never bothers anyone. Mr. Samuel is a role model

for all inmates he keeps them encouraged to keep their heads high and stay positive

I believe that Mr. Samuel Harry does not need this harsh of a sentence. Myself I am Civil Servant (Cadet)

MHU Distance Learning Relapse Prevention Group

This certificate of completion is awarded to

Samuel, Harry 201.360

For participation and valuable
contributions to

MHU DISTANCE LEARNING
RELAPSE PREVENTION GROUP

Paul H. Heston

Signature Treatment Administrator

3/16/06

Date:

April K. K...

Signature MHU Counselor

3/16/06

Date:

INMATE NAME: Samuel Harry SBI# 00201360
HOUSING UNIT: MHU-23 DATE Mon 03/28/06 TIME: 1930

Officer's Name (Print Clearly) _____
Supervisor's Name (Print Clearly) _____

Shift
1600-2400
Shift

Officer's Signature Who Inventoried Property

 Supervisor's Signature Reviewing Inventory

_____, on ____/____/____, at _____, by _____, within _____
(Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

_____, on ____/____/____, at _____, by _____, within _____
(Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

_____, on ____/____/____, at _____, by _____, within _____
(Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Henry Samuel, SBI# 201266, Housing Unit 23
 VIA: Counselor K. Roman
 FROM: I.B.C.C.
 DATE: 4/1/06
 RE: Classification Results

Your M.D.T. has recommended you for the following: Medium Tierman or
Kitchen ACP MH Thresholds

The I.B.C.C.'s decision is to:

☒ Approve Cent. Med/High, MHC programs, MH
☒ Not Approve Medium, Kitchen, ACP Thresholds
☐ Defer
☐ Recommend
☐ Not Recommend

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you	

☒ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Rev: 04/07

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456
 Revised 11/97

Exhibit - A-30